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APPLICANTS

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** CONTINUING DATA *MW*

** FOREIGN APPLICATIONS *MW*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>MW</i> <i>MW</i> <i>MW</i>	Examiner's Signature <i>MW</i>	Initials <i>MW</i>		

ADDRESS

36802

TITLE

Implantable device that diagnoses ischemia and myocardial infarction and method

FILING FEE RECEIVED 1606	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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